

Sign Permit Application

Sign Permit Address		Sign Elevation N S E W	
CFW Sign Erectors License #(S/RS)	Registered Bu	Registered Business Name	
CFW Master Sign Contractor Reg. # (E/L)_	Applicants N	Applicants Name	
Contact Phone Number	Fax Number	Fax Number	
If you would like to receive Plan Review com	ments, please provide an email a	dd	
Type of Sign:			
Attached Illuminated	Detached Illuminated	Developer (Subdivision Entrance)	
Attached Non-Illuminated	Detached Non-Illuminated	Model Home	
	Portable Inflatable	Billboard Repair	
Sign Measurements (Please convert inch mea	asurements into FEET and INCHI	ES) Double Faced (Y/N)	
Actual Sign Height '	« _	Sign Width ' "	
Overall Height of Sign from Grade	"	Electrical Amps (if illuminated)	
Business Name or Copy on Proposed Sign			
For Emailed Applications			
Banners may be processed by phone w/CC and a	ddress by calling Customer Service	817.392.2222 X 2	
Credit Card #	Billing Address		
Expires CVS Code (fo	und on back of CC)	Billing Zip Code	
Signature		Date	
	nflatable Sign Release (NOT REQU	UDED EOD DEDMANENT SICNS	
	_	equire an 8 ½" X 11" site plan (may be hand drawn)	
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Manager/ Operator (print)			
As property owner / manager of this property, I have authorize			
		nis authorization becomes null and void once the permit expires. A	
_		n codes. Designated representatives may not be the sign contractor.	
Signature	Print		
Property Owner / Manager / Representative			

Customer Service 817.392.2222 Senior Sign Inspector 817.392.7848